

## **MENTAL HEALTH AND DISABILITY SERVICES COMMISSION**

September 15, 2016 - 9:30 am to 3:00 pm

Polk County River Place, Room 1

2309 Euclid Ave, Des Moines, Iowa

### **MEETING MINUTES**

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#### **MHDS COMMISSION MEMBERS PRESENT:**

Thomas Bouska  
Thomas Broeker  
Jody Eaton (phone)  
Marsha Edgington  
Kathryn Johnson (phone)  
Betty King

Brett McLain  
Michael Polich  
Rebecca Peterson  
Patrick Schmitz  
Marilyn Seemann  
Jennifer Sheehan

#### **MHDS COMMISSION MEMBERS ABSENT:**

Senator Mark Costello  
Lynn Grobe  
Representative David Heaton  
Sharon Lambert  
Geoff Lauer

Senator Liz Mathis  
Representative Scott Ourth  
John Parmeter  
Rebecca Schmitz

#### **OTHER ATTENDEES:**

Theresa Armstrong	MHDS, Bureau Chief, Community Services and Planning
Mardi Barnes	Department of Veterans' Affairs
Eileen Creager	Aging Resources
Cindy Hess	Hillcrest Family Services
Linda Kellen	Iowa Department of Inspections and Appeals
Meghan Klier	Easter Seals of Iowa
Kim Murphy	Iowa Hospital Association
Peter Schumacher	MHDS, Community Services & Planning/CDD
Rick Shults	Division Administrator, MHDS, Department of Human Services
DJ Swope	Iowa Department on Aging

#### **Welcome and Call to Order**

Patrick Schmitz called the meeting to order at 9:47 am and led introductions. Quorum was not established with nine members present and two participating by phone. No conflicts of interest were identified.

#### **Approval of Minutes**

Patrick Schmitz said the reference to "Abbe Health" in the August minutes should be "Abbe Center for Community Mental Health. Peter Schumacher said there was another error where Linda Kellen was listed as representing the Iowa Department on Aging (IDA) rather than the Department of Inspections and Appeals (DIA). Peter said he would make corrections to the August minutes.

### **Department of Veterans Affairs – Mardi Barnes**

Mardi thanked the Commission for having her, and said there is a wide variety of services available for veterans in Iowa from mental health to primary care, housing, employment and services for aging veterans.

Mardi said in order to be eligible for services from the Veterans' Administration (VA), you must have either served before 1980, or have served twenty-four months of honorable service after 1980, and meet certain financial guidelines. The VA will do screening to identify each veteran's needs, and develop a program to meet them. The goal of each program is to transition to independence.

Mardi gave examples of several programs they have for veterans from evidence-based practices (EBP) to therapy practices provided on an inpatient basis, outpatient basis, or in the veteran's home.

The VA does operate a crisis phone line owned by the Substance Abuse and Mental Health Services Administration (SAMHSA). The line has a call volume in the millions, so it rolls to subcontractors if needed. There are also numbers veterans can call locally or text with a clinician. All these calls and text messages are confidential.

Patrick Schmitz asked if the VA utilizes telehealth. Mardi said they did, and have for approximately eight years.

Jen Sheehan asked if the Crisis phone line was state or national. Mardi answered that it was national, and that the people answering it are specifically trained to meet the mental health needs of veterans.

Jen Sheehan asked what the follow-up procedure was. Mardi answered that for a veteran who does not wish to work with the local VA, the national program would respect their wishes. However, if the veteran is not opposed, the national number would provide information to a local office and provide background information about the individual who called and why. The local affiliate would call and do a risk assessment, ask what services might help them, and take steps to set up appointments.

### **Managed Care Oversight Discussion – Rick Shults**

Rick spoke about a portion of the Health and Human Services Appropriations bill that requires the MHDS Commission to submit an executive summary on Medicaid Managed Care. Rick said this is not designed to be a long detailed document, but a summary of the Commission's deliberations regarding Medicaid Managed Care. Rick said Liz Matney would be presenting the Medicaid MCO's first Quarterly Report, and she will focus on the populations specific to the Commission and their work.

Rick said the point of this section was to ensure that the Commission is informed, and that the Commission has a chance to provide their feedback given their unique perspective.

### **MHDS Update – Rick Shults and Theresa Armstrong**

Theresa spoke about the Community Connections Supporting Reentry (CCSR) program which is aimed at developing relationships between people within the corrections system and mental health providers in Iowa to provide a seamless transition into the community for people with mental health needs. The Department is looking to start their second round of trainings in the

first week of October, and there will be trainings in each of the eight Judicial Districts. There will be resource guides and information given out so that these two systems can interact and be resources for each other.

The Children's Mental Health and Well-Being Workgroup is continue to work. There is a Request for Proposals (RFP) for grants to up to two children's mental health crisis providers that has closed, but the successful bidders have not yet been announced. There is a second RFP for the Children's Well-Being Learning Labs that is currently online.

Theresa said Iowa Medicaid Enterprise (IME) has received approval for their Home and Community-Based Services (HCBS) waiver settings program.

Tom Broeker spoke about his MHDS Region, Southeast Iowa Link, and said pharmacies in his area were not being paid in a timely manner by Medicaid MCOs. As a result, consumers are receiving bills for the entire amount of their prescription. Tom said the Region wrote a letter to Director Palmer including concerns over billing practices. Tom said they received a response from the Director indicating that it was the first the Department had heard of this particular concern, and that it may be an issue with the pharmacies. Rick said he had not heard of this as a wide-spread issue, but said that he appreciated hearing the information and urged the providers to contact the MCO and IME provider services to quickly resolve issues.

Rick said the MHDS Regions and MCOs are working together in three areas. MHDS Regions are working on developing mental health crisis services and MCOs are working with them and discussing ways to braid funding for these services. MCOs and Regions are also working together on developing an effort to identify quality of life outcomes.

The third project is identifying where individuals have significant challenges to finding services. The most common of these challenges are things like aggressive or violent behavior. The MCOs and Regions are discussing how to build wrap-around services for those individuals so they can have success in the community.

Rick said the Council on Human Services (The Council) had met and reviewed the budget. The Department is working from a "status quo" budget, meaning they are assuming no increase in the total appropriation, and preparing a two-year budget for State Fiscal Year (SFY) 2018 and 2019. The Council then worked on filling funding gaps, such as in the Medicaid program, and adding additional items they would like to see the General Assembly fund. Rick emphasized that this is very early in the process, and there is time for things to be added.

Patrick Schmitz asked about administrative rules on mental health crisis staffing requirements and mental health advocates. Theresa Armstrong answered that the crisis rules should come back to the Commission soon, and that the Mental Health Advocate rules are still on session delay, and the Department will determine what will happen with them in the future. Theresa noted that the rules are in effect except for one section on data collection.

#### **IA Health Link Quarterly Report – Liz Matney**

Liz thanked the Commission for having her, and noted that this is early in the process, and that IME is still working with the MCOs to make sure everyone is clear on data reporting. There were a few misunderstandings on the data that was submitted by MCOs that led to some outliers, but IME is working with them to clarify the requests. She said none of the MCOs are new to Medicaid, however Medicaid programs vary state-by-state.

Liz said this was the first comprehensive data report IME has produced, and will be producing similar reports every quarter to track trends in IA Health Link. IME is also collecting a lot of outcome data, but it was not yet at a point where IME was comfortable including it in this report.

Liz presented the Managed Care Organization Report on First Quarter Performance Data.

Tom Bouska asked if members are changing MCOs due to provider networks in their area. Liz answered that it is a possibility, and IME is looking into that.

Liz said that due to out-of-date contact information, IME asked that the MCOs not include members who could not be contacted after three attempts in their calculation of the percentage of members who have received Health Risk Assessments. She suspects that the MCOs included all members in their reported figures on Page 9, which would explain why they are so low.

Michael Polich asked who is performing health risk assessments. Liz answered that the MCOs are doing them. Jen Sheehan said some MCOs are calling members or using community care coordinators to do them.

Jen Sheehan asked how Amerihealth Caritas' contacts were much lower given that their enrollment was much higher. Liz answered that IME had the same question and is looking into the apparent discrepancy. Liz said that as Amerihealth Caritas was utilizing external case managers, that they did not have a seamless way to communicate with them like the other MCOs did, and that this could be a contributor.

Michael Polich asked if the data regarding grievances included provider grievances. Liz said that it did.

Rebecca Peterson asked about the provider appeal or authorization dispute process. Liz answered that providers technically do not have an appeal process, but they do have a dispute process for reimbursements. However, a member could ask a provider to file an appeal on their behalf for authorization of services.

Patrick Schmitz asked if data on billing concerns or issues would be made public. Liz said that IME could compile some data and provide an executive summary.

Tom Bouska asked who determines whether a claim is "clean". Liz answered that there is a multi-layered process. The claims are sent electronically to the MCOs, where they are checked for a number of factors like having a correct National Provider Identifier (NPI), the type of service, the date of service, etc. If one of those fields is not correct, the claim automatically rejects, and the most common reason for rejection is an incorrect NPI. Currently, the MCOs are running a rejection rate of less than 1%.

Patrick Schmitz asked what would happen if an MCO never reached the minimum provider network adequacy standard. Liz answered that IME would continue to push MCOs to develop their network, but if they could not meet the standard in a particular service category, members who needed those services would likely switch away from that MCO.

Rebecca asked if, in the data on denials, the medical category included behavioral health. Liz said yes, and it also included long-term care. Patrick asked if that data could be broken out to

separate behavioral health and long-term care. Tom Bouska said it would also be useful to see children and adults separated.

Jen Sheehan asked what happens if one of the MCOs is out of compliance. Liz said Page 56 lists out some of the remedies that have already been issued to MCOs for not meeting requirements of the contract. Liz said IME has the authority to issue a wide range of remedies from sending a letter to terminating the contract.

Rick said his colleagues in other states who work with managed care are amazed at what Iowa has collected in the first quarter.

#### **Public Comment**

There was no public comment.

The Commission took a break for lunch at 12:19 pm  
The Commission resumed at 1:10 pm

#### **Discussion of Medicaid Managed Care Executive Summary**

There was discussion that the summary could include an overview of Medicaid-related presentations that the Commission has heard over the last year, as well as a section for the Commission to provide input and/or suggestions.

#### **Planning for the October Meeting**

Administrative Rules regarding the Autism Support Program will be considered for adoption.

There will be time for the Commission committees to develop sections of the Biennial report.

The meeting was adjourned at 1:40 pm.

Minutes respectfully submitted by Peter Schumacher.